

City of Minneapolis

2014 Medical Plan Description and Rates

Plan Provision	In – Network	Out-of- Network
Calendar Year Deductible	\$2,000 / person \$4,000 / family	\$3,000 / person \$6,000 / family
Out-of-Pocket Maximum	\$3,000 / person \$6,000 / family	\$6,000 / person \$12,000 / family
Lifetime Max	Unlimited	\$2 million
Preventive Care <ul style="list-style-type: none"> Routine Physical & Eye exams Immunizations & Cancer Screens Well Child Care 	100% coverage; deductible does not apply	Member pays 40% after annual deductible
Office Visits Hospital Services Lab, Pathology, X-Ray, Other Imaging	Member pays 20% after annual deductible	Member pays 40% after annual deductible
Emergency Urgent Care or Hospital ER	Member pays 20% after annual deductible	Covered as in-network benefit
Prescription Drug Co-Pays (retail up to a 31-day supply)	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3	Deductible, then member/patient pays greater of 40% or \$50
Prescription Drug Co-Pays (mail order up to a 93-day supply)	\$20 Tier 1 \$50 Tier 2 \$100 Tier 3	No coverage

2014 Employee Contribution Rates

Medica Network Options	Elect and Essential			Choice		
Monthly Employee Pre-tax Contributions **		Wellness Rate	Standard Rate		Wellness Rate	Standard Rate
	Single	\$33.11	\$67.60	Single	\$67.60	\$104.27
	Family	\$143.42	\$239.97	Family	\$239.97	\$342.68
HRA/VEBA – Monthly Employer Contributions	Single: \$90.00 Family: \$190.00					

**These amounts apply to full-time City of Minneapolis employees. The amounts can vary based on your union contract, relation to the City, Board or Agency, and/or your full-time or part-time status.

This health care plan may not cover all of your health care expenses; read your Certificate of Coverage carefully to determine which expenses are covered. This is a benefit summary and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.